FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1		INIZATIO Instructions)	IN	Office use only	
1. NAME OF COMMITTEE (in	(Check if if full) is changed		nple: If typying, type the lines	12FE4M5	
MADISON PRO	DJECT INC.				1
ADDRESS (number and	1155 - 15th S	TREET, NW			
(Chook if oddr	<b>SUITE 6,14</b>				
is changed)	WASHINGTO	N	шшш	DC 20005 -	لبينا
		CITY		STATE▲ ZIP COD	E 📤
COMMITTEE'S E-MA  Scott@FECrep					ı
					لببب
COMMITTEE'S WEB	PAGE ADDRESS (URL)				
http://www.m	adisonproject.com/		<u> </u>		
			1 1 1 1 1 1 1		шШ
COMMITTEE'S FAX N 3202159596	NUMBER				
2. DATE 0.1		Y			
3. FEC IDENTIFICA	TION NUMBER	C C00	298000		
4. IS THIS STATEMENT X NEW (N) OR AMENDED (A)					
I certify that I have exami	ned this Statement and to the best	of my knowledge an	d belief it is true, correct an	d complete	
Type or Print Name of	Treasurer SCOTT E	MACKENZIE			
, ype er i init i tame er					
Signature of Treasurer	Electronically Filed by SC	OTT B MACK	ENZIE	Date 01 / 26	2007
NOTE: Submission of fa	•		ne person signing this State	ment to the penalties of 2 U.S.C. S43	7g.
Office Use Only			For further information of Federal Election Commiss Toll Free 800-424-9530		

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5.	TYPE OF COMMITTEE (Check One)		
	(a) This committee is a principal campaign committee. (Complete the candidate information below.)		
	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the information below.)	candidate	
	Name of Candidate		
	Candidate Office House Senate President	State	
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.			
	Name of Candidate		
(d) This committee is a (National, State (Democrating Republicange) (National, State (Or subordinate) committee of the Republicange)			
	(e) This committee is a separate segregated fund  (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund committee.	und or party	
6.	Name of Any Connected Organization or Affiliated Committee		
	None		
L			
	Mailing Address		
	CITY STATE A	ZIP CODE 🛦	
	Relationship		
Type of Connected Organization:			
	Corporation Corporation w/o Capital Stock Labor Organizat	tion	
	Membership Organization Trade Association Cooperative		

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W	/rite or Type Committee Name			
	MADISON PROJECT INC	<b>).</b>		
7.	Custodian of Records: Ider possession of Committee b	ntify by name, address, (phone num books and records.	nber optional), and position c	of the person in
	Full Name SCOTT	B MACKENZIE		
	Mailing Address	1155 - 15TH STREET	, NW	
		SUITE 614		
		WASHINGTON	DC	<b>20005</b>
	Title or Position ▼	CITY A	STATE▲	ZIP CODE A
	TREASURE	R	<b>703</b> Telephone number	868 1776
				_
8.	Treasurer: List the name a name and address of any of	ınd address (phone number optic designated agent (e.g., assistant tre	onal) of the treasurer of the comeasurer).	nmittee; and the
	Full Name of Treasurer SCOTT	B MACKENZIE		
	Mailing Address	1155 - 15TH STREET	, NW	
		SUITE 614		
		WASHINGTON		
	Title or Position ♥	CITY A	STATE▲	ZIP CODE ▲
	TREASURE	R	Telephone number	
	Full Name of Designated Agent			
	Mailing Address			
	Title or Position ♥	CITY A	STATE A	ZIP CODE A
			Telephone number	
			·	

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9.	Banks or Other D safety deposit boxe Name of Bank, De	es or maintains funds.	rents
	Mailing Address	WACHOVIA BANK PO BOX 220748	
		CHARLOTTE NC 28222	]-[

STATE ∠

 $\textbf{ZIP CODE} \quad \triangle$ 

CITY 🗷

Membership Organization

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Banks or Other Deposit safety deposit boxes or m Name of Bank, Depositor	aintains funds.		counts, rents
AC	CCESS NATIONAL BANK		
Mailing Address	1800 ROBERT FULTON DRIVE		
	RESTON	VA 2	20191   _
	CITY 🛆	STATE 4	ZIP CODE 🛕
Name of Any Connecte	ed Organization or Affiliated Committee	[ AC	DDITIONAL ]
Mailing Address			
	CITYA	STATE A	ZIP CODE A
Relationship	CITYA	STATE A	ZIP CODE 🛦
Relationship  Type of Connected Orga		STATE A	ZIP CODE A

Trade Association

Cooperative

Designated Agent			[ ADDITIONAL ]	
Full Name  Mailing Address				
Title or Position ♥	CITY A	STATE		
	Te	lephone number		